

09/744432

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>AS</i>	45	
<b>FORMALITY REVIEW</b>			1/27/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 Interference  
 Appeal  
 Objection

**BEST AVAILABLE COPY**

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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